Demand for physiotherapy

†776. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that demand for physiotherapy is increasing in the country;

(b) if so, whether it is also a fact that Government have created and filled up the posts of physiotherapists in all the Government hospitals;

(c) if so, the details thereof and if not, the reasons therefor; and

(d) the steps being taken by Government to regularize the profession of physiotherapy?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) With the increasing population, the demand for services of Medical Professionals and other Para Medical professionals including Physiotherapists is increasing. However, no specific survey has so far been carried out to assess the requirement of physiotherapists in the country.

(b) and (c) The Department of Physical medicine and Rehabilitation exists in all the three Central Government Hospitals in Delhi *viz.* Safdarjung Hospital, Dr. Ram Manohar Lohia Hospital and Lady Hardinge Medical College and Hospital. However, no new posts of Physiotherapists have been created in any of these three Hospitals, recently.

(d) The Government is in process of constituting a Council for regulating the discipline of Physiotherapy.

Maternal mortality

777. SHRI VIJAY J. DARDA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that in country for every one lac pregnant females, 407 fall victim to maternal mortality, while worldwide one lac women die annually and another six lac become disabled;

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†Original notice of the question was received in Hindi.

(b) if so, whether Government funded organizations, especially in villages have competent doctors or skilled persons, surgical facilities and life-saving drugs for handling emergency cases; and

(c) if not, whether Government propose to take active help to NGOs in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) As per estimates provided by Registrar General of India through their Sample Registration System for 1998; 407 Indian women die due to causes related to pregnancy & childbirth for every 100,000 live births. The World Health Organization estimates for 1999, suggest that globally 600,000 women die every year due to these causes.

(b) Under the Primary Health Care system, one Primary Health Centre (PHC) is established for 30,000 Population in plains and 20,000 population in hilly and tribal areas. Each PHC is manned by a qualified Medical Officer. Further, a Community Health Centre (CHC) is established for 1,20,000 population in plains and 80,000 population in hilly and tribal areas. Each CHC has a sanctioned strength of 4 medical Specialists i.e. a physician, a surgeon, a Gynecologist & obstetrician and a Paediatrician. Each CHC has 30 beds, a labour room, and an operation theatre equipped with essential equipments. Essentially and Emergency Obstetric Care drug kits are supplied to the districts under the RCH Programme for use at identified PHCs and FRUs.

(c)The National Population Policy, 2000 lists partnership with NGOs as one of the strategic themes. The work of NGOs is essentially supplementary and complementary in nature to that of the Government. Initially the NGOs were involved Imostly on activities related to advocacy and awareness creation in the community. NGOs are now being involved in providing services for maternal and child health care, family planning services, adolescent reproductive health, prevention and management of RTI and also in social marketing of contraceptives. Given that the NGOs have comparative advantage and flexibility in procedures, rapport with the local population and credibility, they are being involved in facilitating innovative approaches and strategies for ensuring accessibility to integrated health services and achievement of RCH Goals.